DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT	OKING FERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

83405-0220

MAJOR

(SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	16.1	18			Daily	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	4.8			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	977	1172		*****	13.1	16			Three Per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	329	*****			Three Per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.5			Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	248	248			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	829	1105		*****	11.1	15			Three Per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83405-0220

MAJOR

(SUBR 06)

DISCHARGE TO SNAKE RIVER

\$

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
olids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	280	*****			Three Per Week	COMP24
0530 G 0 aw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	179	398		*****	2.4	5.6			Daily	COMP24
0610 1 1 ffluent Gross	PERMIT REQUIREMENT	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	5.7	5.7			Monthly	COMP24
0625 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.6	9.6			Monthly	COMP24
0630 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
hosphorus, total [as P]	SAMPLE MEASUREMENT	91	140		*****	1.22	1.84			Three Per Week	COMP24
0665 1 0 ffluent Gross	PERMIT REQUIREMENT	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
lardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	259	259			Monthly	COMP24
0900 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1			Monthly	GRAB
3582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	⊀nowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE:

83405-0220

MAJOR

(SUBR 06)

DISCHARGE TO SNAKE RIVER

\$

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	772	772			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.88	10.363		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.7	.9		*****	10	10			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	6.3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	738	738			Monthly	COMP24
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MO AV MN	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

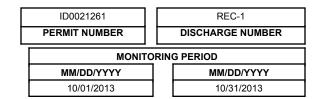
IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT



DMR Mailing ZIP CODE:

83405-0220

MAJOR (SUBR 06)

RECEIVING WATER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	15.4	19			Continuous	RCORDR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.6			Weekly	GRAB
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	REC-2
PERMIT NUMBER	DISCHARGE NUMBER
	_
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83405-0220

MAJOR

\$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	15.2	15.9			Continuous	RCORDR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
рН	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.5			Weekly	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	****	Req. Mon. INST MAX	SU		Weekly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
11/01/2013	11/30/2013			

DMR Mailing ZIP CODE:

83405-0220

MAJOR (SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Daily	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	****						
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	****						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT				****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	4250 MO AVG	6380 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		3 Days Every Week	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE (t and all attachments were prepar ned to assure that qualified person		1			Ī	TELE	EPHONE T	DATE

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83405-0220

MAJOR (SUBR 06)

DISCHARGE TO SNAKE RIVER

External Outfall

AUTHORIZED AGENT

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		3 Days Every Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	482 MO AVG	1744 DAILY MX	lb/d	*****	3.4 MO AVG	12.3 DAILY MX	mg/L		Daily	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****						
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT				*****						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	391 MO AVG	586 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		3 Days Every Week	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
NAME/TITLE PRINCIPAL EXECUTIV	supervision in evaluate the i	accordance with a system design formation submitted. Based on	nt and all attachments were prepar gned to assure that qualified perso my inquiry of the person or persor for gathering the information, the i	nnel properly gather and is who manage the					TEL	EPHONE	DATE
	to the best of	my knowledge and belief, true, a nalties for submitting false inform	for gathering the information, the in accurate, and complete. I am aware nation, including the possibility of fi	e that there are	SIG	NATURE OF PRINCIPAL		OR			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

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FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID0021261	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
INICIALL	DIVINO I EIVIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

83405-0220

MAJOR

(SUBR 06)

AUTHORIZED AGENT

DISCHARGE TO SNAKE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	12.8 MO AVG	28.4 DAILY MX	lb/d	*****	90 MO AVG	200 DAILY MX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****		*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE (supervision in a evaluate the in system, or those	accordance with a system desig formation submitted. Based on a se persons directly responsible f	at and all attachments were preparent to assure that qualified person my inquiry of the person or person for gathering the information, the incurate, and complete. I am awar	onnel properly gather and ns who manage the information submitted is,					TEL	EPHONE	DATE
		alties for submitting false inform	ation, including the possibility of fi		SIGN	ATURE OF PRINCIPAL		R OR			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

ID00212	61	REC-1					
PERMIT NU	MBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONITO	DRING PERIOD					
MM/DD/		DRING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83405-0220

MAJOR

(SUBR 06)

RECEIVING WATER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****						
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. INST MIN	****	Req. Mon. INST MAX	SU		Weekly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CITY OF IDAHO FALLS

ADDRESS: PO BOX 50220

IDAHO FALLS, ID 83405-0220

FACILITY: IDAHO FALLS, CITY OF - IDAHO FALLS WWTP

LOCATION: 4055 GLEN KOESTER LANE

IDAHO FALLS, ID 83402

ATTN: DAVID SMITH, SEWER DEPT SUPT

	ID0021261		REC-2				
PEI	RMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MONIT	ORIN	G PERIOD				
	MONIT	ORIN	G PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83405-0220

MAJOR \$

(SUBR 06)

DOWNSTREAM MONITORING

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	****						
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. DAILY MX	Req. Mon. INST MAX	deg C		Continuous	RCORDR
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Weekly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Howing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY